

Readoption Review

STATE CANCER REGISTRY 410 IAC 21-1

IC 4-22-2.5-3.1(c) requires an agency to conduct a review to consider whether there are alternative methods of achieving the purpose of the rule that are less costly or less intrusive, or that would minimize the economic impact of the proposed rule on small business.

Description of Rule:

The rule establishes a cancer registry that is a mechanism by which data relating to all cases of malignant disease that occur in Indiana residents is recorded and, necessary and appropriate information is compiled concerning those cases as determined by the board, in order to conduct epidemiologic surveys of cancer and to apply appropriate preventive and control measures. The rule addresses the entities required to provide data, security and confidentiality of data, and ISDH reporting requirements.

Readoption Analysis:

1) Is there a continued need for this rule?

Yes because the cancer registry provides a framework for assessing and controlling the impact of cancer on the community. It is the source for reliable information for both public and private entities which can use its data in the following ways:

- Federal, state and local cancer agencies use registry data to determine where evidence-based public health interventions should be located to achieve maximum impact.
- Researchers use it to investigate the etiology, diagnosis and treatment of cancer.
- Fundamental research on the epidemiology of cancer is initiated using the accumulated data.
- Physicians and patients use it to schedule follow-up appointments and to record survival information.

2) What is the nature of any complaints or comments received from the public, including small business, concerning the rule or the implementation of the rule by the agency?

Some hospitals feel that reporting adds to their administrative burden. As a result, the ISDH employs contractors to assist with data collection and correction.

3) Examine the complexity of the rule, including difficulties encountered by the agency in administering the rule and small businesses in complying with the rule.

The rule does not include penalties for non-compliance, therefore incomplete reporting is remedied by the agency without inconvenience to the health entity.

4) To what extent does the rule overlap, duplicate, or conflict with other federal, state, or local laws, rules, regulations, or ordinances?

The type of data collected for rule compliance does not duplicate other data collected from hospitals or other health service entities. The registry was established because the data which it contains is not available from other sources.

5) When was the last time the rule was reviewed under this section or otherwise evaluated by the agency, and the degree to which technology, economic conditions, or other factors have changed in the area affected by this rule since that time?

The rule was last reviewed in 2007 when it was last readopted. There have not been significant changes since it was last reviewed.

5/6/2013